

## CLAIMS ONLY

Application Number

Filing Date

Application Number  
**10/675386**

**Applicant(s)**

04-09-07  
AFTER 5:00

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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49						
50						
Total Indep			3			
Total Depend			28			
Total Claims			31			